

## SELF ASSESSMENT FORM

Date:	Venue:
<b>MATCHES REFEREED</b>	
Team and Age and Division	
Referee	Assistant Referee

What did I do well:

What could I have done better:

In what areas do I feel I required more knowledge or experience:

Match debrief assessment:

	Yes	No
Did I enjoy my refereeing today.	<input type="checkbox"/>	<input type="checkbox"/>
Did I arrive at the match:	<input type="checkbox"/>	<input type="checkbox"/>
• In the right frame of mind.	<input type="checkbox"/>	<input type="checkbox"/>
• On time.	<input type="checkbox"/>	<input type="checkbox"/>
• Correctly dressed.	<input type="checkbox"/>	<input type="checkbox"/>
• With all equipment and dress.	<input type="checkbox"/>	<input type="checkbox"/>